



MASS™ Order Form

Customer Information (Please print)

Company Official Contact Name		Email Address	
Company Name			
Street Address, P.O. Box, Rural/Hwy Contract, or Route Number		<input type="checkbox"/> New Facility	Apt/Suite
City	State	ZIP + 4® Code	
Telephone Number (Include area code)		Fax Number (Include area code)	
Company Salesperson	Telephone Number (Include area code)	Salesperson Email Address	

Billing Address (If different from Customer Information)

Street Address, P.O. Box, Rural/Hwy Contract, or Route Number		<input type="checkbox"/> Moved	<input type="checkbox"/> New Facility	Apt/Suite
City	State	ZIP + 4		

U.S. Postal Service® Representative Information

Attention			
Street Address, P.O. Box, Rural/Hwy Contract, or Route Number			Apt/Suite
City	State	ZIP + 4	
Telephone Number (Include area code)		Fax Number (Include area code)	

Equipment Information

I request that my certification be maintained in U.S. Postal Service® documents and records as:

- ☐ Service Bureau ☐ Mailer ☐ Manufacturer
☐ I do not wish to be listed in USPS pubs.

- ☐ All MLOCR machines connected to a *FASTforward*® black box or umove box **MUST** process the MASS test deck with *FASTforward* or umove mode turned on. Check here if a *FASTforward* black box or umove box is installed and this machine is operating with *FASTforward* or umove turned on.

If the matching software/hardware has optional parameters, you **MUST** return a list of the parameters used to process the MASS Stage II file with this form. You **MUST** return a hardcopy of PS Form 3553, *CASS™ Summary Report*, with the MASS test deck.

User Acknowledgement Statement

I hereby certify that all information on this application is accurate and correct. I also certify that the responses provided on the MASS certification test deck will be obtained using the same configuration as used in the processing of customer/client address files and that any modification to the products used to process this test will require retesting and recertification prior to use or release. The MASS test deck will be processed in-house with company-owned or leased software/hardware. I further certify that this address-matching product contains technology that disables access to outdated U.S. Postal Service data as stated in the *DMM*® 708.3.

CASS/MASS certification scores are confidential information and the applicant agrees not to disclose scores achieved on their passing test for the purpose of marketing their software or hardware product.

Company Official Contact Signature	Date
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Return Order Form To	NCSC Use Only
MASS DEPARTMENT NATIONAL CUSTOMER SUPPORT CENTER UNITED STATES POSTAL SERVICE 6060 PRIMACY PKWY STE 201 MEMPHIS TN 38188-0001 Fax: 901-681-4440	Customer Number Date PRDT Code

Note: This page may be copied for multiple MLOCR systems. A completed form must be submitted for each MLOCR system.

Type of Certification

Indicate the type of certification requested.

- ☐ Annual Certification ☐ New Certification ☐ Moved/Relocated ☐ Upgraded
☐ Reassembled ☐ Demonstration ☐ Hybrid/Conversion

Installation date *(Not required for annual certification.)*

Type of MASS™ Test

Indicate the type of MASS test requested.

- ☐ MLOCR ☐ MLOCR with RVE ☐ Encoder ☐ RVE ☐ LVE ☐ Flat ☐ Intelligent Mail® Barcode

MLOCR

Software Product	Version Number	Configuration	MASS ID
Equipment Manufacturer	Model Number	Serial Number	

Encoding Stations

Software Product	Version Number	Configuration	MASS ID
Equipment Manufacturer	Model Number	Serial Number*	

* List all serial numbers for networked systems and indicate which one is the server (4 stations for test deck).

Remote/Local Video encoding Site Information

Company Official Name

Street Address, P.O. Box, Rural/Hwy Contract, or Route Number			Apt/Suite
City		State	ZIP + 4® Code
Telephone Number <i>(Include area code)</i>		Fax Number <i>(Include area code)</i>	
Software	Version	Configuration	

Equipment Information

Image Capturing Equipment Manufacturer	Model Number	Serial Number	MASS ID
Barcoding Equipment Manufacturer	Model Number	Serial Number	MASS ID
MASS Certification Date <i>(If applicable)</i>			

Hybrid Equipment Information Before Conversion

Equipment Manufacturer	Model Number	Serial Number
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Change of Ownership

Equipment Model Number	Serial Number	MASS ID
Previous Owner's Name		
Previous Owner's Address		

If the machine is not physically relocated, a new MASS certificate may be issued. If the machine is physically relocated, the customer must follow the machine relocation guidelines.